

SENATE

COMMITTEE NO.

## THE STATE OF MONTANA

## COMMISSIONER OF POLITICAL PRACTICES

1205 Eighth Avenue

Post Office Box 202401

Helena, MT 59620-2401

TELEPHONE: 406-444-2942

FAX NUMBER: 406-444-1643

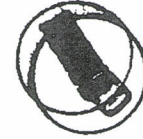
WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)

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Date Received and Payment Due

RECEIVED  
COMMISSIONER OF  
POLITICAL PRACTICES

2012 MAY 21 P 2:45

FORM C-4 (Revised 06/08)  
INCIDENTAL POLITICAL COMMITTEE  
FINANCE REPORT

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

ORIGINAL FILING ☒AMENDED FILING ☐

## REPORTING PERIOD

From April 4, 2012

To May 14, 2012

☐ Initial Report☒ Periodic Report☐ Closing Report☐ No new transactions in reporting period

## NAME OF INCIDENTAL COMMITTEE

Full Name Montana State PoliceComplete Mailing Address P.O. Box 62, Helena, MT 59603

(City, State, Zip Code)

## Cash Summary: Money Received and Spent

1. RECEIPTS - Total received and deposited this period from Schedule A..... \$ 0
2. CORRECTIONS - Addition or subtraction from Schedule C.....(Circle + or -) - \$ 0
3. EXPENDITURES - Total paid out this period from Schedule B..... \$ 41,865.28

This report must be signed by an officer whose name is on the Statement of Organization (Form C-2) on file in the office of the Commissioner of Political Practices.

## CERTIFICATION

I, Robert F. Smith, Treasurer, certify that the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Signature

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SCHEDULE A. Receipts - This Reporting Period		Date	In-Kind Description	Value	Cash or Check	Total to Date
1. Earmarked Contributions Less Than \$35 Each - Total						
2. Earmarked Contributions of \$35 or More. For each contributor: full name, complete mailing address, occupation & employer <b>REQUIRED</b> . ONE NAME ONLY FOR EACH CONTRIBUTION.		Date Required				
Name _____ Address _____ City, State, Zip _____	Occupation _____ Employer _____					
Name _____ Address _____ City, State, Zip _____	Occupation _____ Employer _____					
Name _____ Address _____ City, State, Zip _____	Occupation _____ Employer _____					
3. Rebates, Refunds, Other Miscellaneous Receipts (Describe)		Date				
<b>TOTAL RECEIPTS THIS REPORTING PERIOD</b>						

SCHEDULE B. Expenditures - This Reporting Period			
<p><b>PLEASE NOTE:</b> If an expenditure is made directly to a candidate or committee, provide the full name and complete mailing address of the candidate or committee under "Payee." If an expenditure is made on behalf of a candidate or committee, provide the full name and complete mailing address of the recipient under "Payee" and provide the name of the candidate or committee the expenditure was made on behalf of and what the expenditure was for under "Purpose."</p>			
PAYEE - Full Name & Complete Mailing Address <b>REQUIRED</b>	Purpose Required	Date Required	Amount Primary      General
Deaumo Strategies, LLC Name 9211 Forest Hill Ave. Suite 207 Address Richmond, VA 23235 City, State, Zip _____	Mailer      Postage for Mailer	5/9/2012     5/11/2012	\$19,000.00    \$22,865.28
<b>SUBTOTAL OF EXPENDITURES THIS PAGE</b>			\$41,865.28

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

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**SCHEDULE B. Expenditures - This Reporting Period**

**PLEASE NOTE:** If an expenditure is made directly to a candidate or committee, provide the full name and complete mailing address of the candidate or committee under "Payee." If an expenditure is made on behalf of a candidate or committee, provide the full name and complete mailing address of the recipient under "Payee" and provide the name of the candidate or committee the expenditure was made on behalf of and what the expenditure was for under "Purpose."

PAYEE - Full Name & Complete Mailing Address <u>REQUIRED</u>	Purpose Required	Date Required	Amount	
			Primary	General
<b>SUBTOTAL FORWARD</b> (from previous page)				
Name _____ Address _____ City, State, Zip _____				
Name _____ Address _____ City, State, Zip _____				
Name _____ Address _____ City, State, Zip _____				
Name _____ Address _____ City, State, Zip _____				
Name _____ Address _____ City, State, Zip _____				
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b>				

**SCHEDULE C. Report corrections to receipts, contributions, and expenditures reported on a prior report.**

Originally Reported on DATE SCHEDULE	As Originally Reported	Explain Correction

**Notice:** You must follow up with a signed hard copy to CPP.